

OCT 13 2009

PTO/SB/21 (09-04)

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number

10/593,007

Filing Date

December 2, 2008

First Named Inventor

Mario Contorni

Art Unit

1648

Examiner Name

Bao Q. Li

Attorney Docket Number

PAT051746-US-PCT (2300-51746)

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply to 06/24/2009 Restriction Requirement (2 pages)
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request (1 page)
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) with attached PTO/SB/08A (2 pages) and Ref.s.B1 and C1-C14 (pages not counted)
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition


<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____

<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Check in the amount of \$1110; and
Return Receipt Postcard. |
|---|---|---|
- Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Roberta L. Robins		
Date	October 9, 2009	Reg. No.	33,208

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Tanisha Lawrence-Caceres

Date

October 9, 2009